

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3940	2. Fiscal Year Covered From: / 1/1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name Allen Wente P.O. Box, Bldg., Room No., if any Street 104 W Washington St City Effingham State IL ZIP Code + 4 62401-2354	4. Name, file number, and address of labor organization. Name Bricklayer Local 8 of IL 530938 Labor Organization File Number P.O. Box, Building and Room Number, if any P O Box 6569 Street City Champaign State IL ZIP Code + 4 61826-6569
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Bricklayers Local 8 of IL Trade Name, if any: P.O. Box, Bldg., Room No., if any P O Box 6569 Street City State Champaign IL 61826-6569 ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. Please be advised that, based on the records that are currently in my possession related to the calendar year 2004, I do not have, to the best of my knowledge, any M-L 30 reportable transactions. I am filing this form to qualify as part of the DOL amnesty filing for 2004 and the prior five years. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date **7/18/05** Telephone Number **217-347-2627**

Name of Person Filing Allen Wentz		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name 1 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 'AM' : SP Code + 4		9. Business deals with: f j a. Labor Organization { b. Trust I c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Twin City Brickmasons Joint Apprentice Committee Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any * Street 100 Parkview Lane # 127 City Savoy State IL ZIP Code 61874-8107		11. a. Nature of such dealing. <i>Please be advised that, based on the records that are currently in my possession related to the calendar year 2004, I do not have, to the best of my knowledge, any LM-30 reportable transactions. I am filing this form to qualify as part of the DOL amnesty filing for 2004 and the prior five years.</i> 11. b. Approximate dollar value of such dealing. 12. a. Nature of interest held or income received. 12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		14. a. Nature of payment. <i>Please be advised that, based on the records that are currently in my possession related to the calendar year 2004, I do not have, to the best of my knowledge, any LM-30 reportable transactions. I am filing this form to qualify as part of the DOL amnesty filing for 2004 and the prior five years.</i> i	
13.b. Is the Business an Employer or Consultant ?		14.b. Amount of payment. *~ -	

REVISED

SECTION C REPORTABLE TRANSACTIONS

1. Do you, your spouse or minor child work for ANY employer (not listed in Sections A or B) other than a union? YES **NO**

(If YES, go to Question 2. If NO, go to Question 3.)

2. Are there any special perks or employment benefits associated with this employer that are provided to you, your spouse or minor child due to your position as a union officer/employee? YES **NO**

(If YES, report these details in Section C. If NO, go to Question 3.)

3. Did you, your spouse or minor child receive anything of value from any employers (not listed in Sections A or B) due to your position as a union officer or employee? YES **NO**

(If YES, report this transaction in Section C. If NO, go to Question 4.)

4. Have you, your spouse or minor child ever been a candidate for public office and did you receive contributions to your campaign efforts from any non-signatory employer in the same industry organized by your union? YES **NO**

(If YES, you must report the amount received in Section C. If NO, go to Question 5.)

SECTION B REPORTABLE TRANSACTIONS

1. Do you, your spouse or minor child: (a) work for any employer or business which provides goods or services to the union, or (b) work for any related trust? YES **NO**

(If YES to either (a) or (b), report the employment and the annual earnings received by you, your spouse or minor child. If NO, go to Question 2.)

2. Is there any special perks or employment benefits associated with this employer that are provided to you, your spouse or minor child due to your position as a union officer/employee? YES **NO**

(If YES, report these details in Section B. If NO, go to Question 3.)

3. Did you, your spouse or minor child receive anything of value from any employer or business which provides services or goods to the union or from any related trust? YES **NO**

(If YES, report this transaction in Section B. If NO, go to Question 4.)

4. Are you, your spouse or minor child a trustee on any union related trust fund? **YES** NO

(If YES, go to Question 5. If NO, go to Question 6.)

5. Did you, your spouse or minor child receive anything of value from this trust, including legitimate reimbursed business expenses? YES **NO**

(If YES, report this transaction in Section B. If NO, go to Question 6. NOTE: If all expense reimbursements were paid to you by a union you do not have a reportable transaction.)

6. Do you, your spouse or minor child own any portion of any type of business that provides goods or services to the union or any related trust, and a "substantial part" of your business' revenues comes from the union and/or the trust? YES **NO**

(If YES, report the amount of payments and benefits you, your spouse or minor child received from your business in Section B. NOTE: The DOL has not defined a "substantial part". We recommend either reporting all transaction associated with the union or trust and/or reporting transactions that exceed 50% of your business revenues. You must also report the percentage of the business that you, your spouse or minor child own. If NO, go to Question 7.)

7. Do you, your spouse or minor child own any portion of any type of business and that business receives a "substantial part" of its revenues from a signatory employer? YES **NO**

(If YES, you must report the total amount received by you, your spouse or minor child from your business and the percentage of the business that you, your spouse or minor child own.)

SECTION A REPORTABLE TRANSACTIONS

1. Do you, your spouse or minor child work for a signatory employer? YES NO
(If YES, go to Question 2. If NO, go to Question 3.)
2. Are there any special perks or employment benefits associated with this employer that are provided to you, your spouse or minor child due to your position as a union officer/employee? YES NO
(If YES, report these details in Section A. If NO, go to Question 3.)
3. Did you, your spouse or minor child receive anything of value from any signatory employer? YES NO
(If YES, report these details in Section A.)
4. Have you, your spouse or minor child been a candidate for public office and you received contributions to your campaign effort from a signatory employer? YES NO
(If yes, you must report the amount received in Section A.)

COMMENT: These would be the type of transactions reportable in Section A. If the employment relationship is a bona fide employment relationship in all respects with a signatory employer and nothing of value is received from a signatory employer, there would be nothing to report in Section A.